

Filing Fee: \$10.00 IC 24-2-1-8 TODD ROKITA SECRETARY OF STATE TRADEMARKS DIVISION

302 W. Washington St., Rm. E111 Indianapolis, IN 46204 Telephone: (317) 232-6540

INSTRUCTIONS:

- 1. A nonrefundable check or money order in the amount of \$10.00, made to the order of Secretary of State of Indiana, must accompany this completed application.
- 2. A separate application (and \$10.00 fee) must be filed for each Mark filed.
- 3. Please type or print.
- 4. Mail application and fee to address listed in the upper right corner of this form.

TRADEMARK / SERVICE MARK DESCRIPTION / ASSIGNMENT HISTORY 1. Name and / or brief description of Mark to be assigned:		
	3. Date of registration:	
2. Indiana Secretary of State file number:		
I. ASSIGNOR (Current owner of Mark) Name	II. ASSIGNEE (Party to acquire Mark) Name	
Address (street, number)	Address (street, number)	
(city, state, ZIP)	(city, state, ZIP)	
Telephone number ()	If corporation, state of domicile:	
contact person (Name and address of contact if correspondence about this application should go to a party other than Assignee)		Contact Person's phone number
DE JURE ASSIGNMENT		
WHEREAS, Assignor has adopted and has continuously used the above identified Mark which is registered in the office of the Secretary of		
State of Indiana; and		
WHEREAS, Assignee is desirous of acquiring said Mark and registration thereof.		
NOW THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, the Assignor does hereby assign unto		
the Assignee all rights, title and interest in and to the said Mark, together with that part of the good will of the business represented by the Mark and the		
registration thereof.		
VERIFICATION STATEMENT		
I, affirm under penalty of perjury that I am (check box that applies)		
☐ the individual owner, ☐ a partner, or ☐ an officer (title)	of the Assignor and that	
I have read this application and its contents are true and complete to the best of my knowledge.		
Signature	Date	